

In the United States Court of Federal Claims

OFFICE OF SPECIAL MASTERS

Filed: January 29, 2024

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ANDREA FULLER, on behalf of her
Minor Child, B.F.,

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UNPUBLISHED

Petitioner,

*
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No. 15-1470V

v.

*
*

Special Master Dorsey

SECRETARY OF HEALTH
AND HUMAN SERVICES,

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*
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Damages Award; Diphtheria-Tetanus-
Acellular Pertussis (“DTaP”) Vaccine;
Measles Mumps Rubella (“MMR”) Vaccine;
Febrile Seizures; Epilepsy.

Respondent.

* * * * *

Curtis R. Webb, Monmouth, OR, for Petitioner.

Mary Eileen Holmes, U.S. Department of Justice, Washington, DC, for Respondent.

DECISION AWARDING DAMAGES BASED ON PROFFER¹

On December 4, 2015, Andrea Fuller (“Petitioner”), on behalf of her minor child, B.F., filed a petition for compensation under the National Vaccine Injury Compensation Program (“Vaccine Act” or “the Program”), 42 U.S.C. § 300aa-10 *et seq.* (2018).² Petitioner alleged that as a result of receiving a diphtheria-tetanus-acellular-pertussis (“DTaP”) vaccine on March 12, 2014, B.F. suffered from complex febrile seizures and developed epilepsy, and a measles mumps rubella (“MMR”) vaccine B.F. received on September 18, 2014 significantly aggravated B.F.’s

¹ Because this Decision contains a reasoned explanation for the action in this case, the undersigned is required to post it on the United States Court of Federal Claims’ website and/or at <https://www.govinfo.gov/app/collection/uscourts/national/cofc> in accordance with the E-Government Act of 2002. 44 U.S.C. § 3501 note (2018) (Federal Management and Promotion of Electronic Government Services). **This means the Decision will be available to anyone with access to the Internet.** In accordance with Vaccine Rule 18(b), Petitioner has 14 days to identify and move to redact medical or other information, the disclosure of which would constitute an unwarranted invasion of privacy. If, upon review, the undersigned agrees that the identified material fits within this definition, the undersigned will redact such material from public access.

² The National Vaccine Injury Compensation Program is set forth in Part 2 of the National Childhood Vaccine Injury Act of 1986, Pub. L. No. 99-660, 100 Stat. 3755, codified as amended, 42 U.S.C. §§ 300aa-10 to -34 (2018). All citations in this Decision to individual sections of the Vaccine Act are to 42 U.S.C. § 300aa.

condition. Amended Petition (“Am. Petition”) at 2 (ECF No. 132). On December 17, 2019, the undersigned issued a ruling finding Petitioner entitled to compensation. Ruling on Entitlement dated Dec. 17, 2019 (ECF No. 140).

On January 29, 2024, Respondent filed a Proffer on Award of Compensation (“Proffer”), attached hereto as Appendix A. In the Proffer, Respondent represented that Petitioner agrees with the proffered award. Proffer at 1-3. Based on the record as a whole, the undersigned finds that Petitioner is entitled to an award as stated in the Proffer.

Pursuant to the terms stated in the attached Proffer, the undersigned awards Petitioner:

- (1) **A lump sum payment of \$678,053.89, representing compensation for life care expenses in the first year after judgment (\$58,710.52), partial lost future earnings (\$404,343.37), and pain and suffering (\$215,000.00), in the form of a check payable to Petitioner, as guardian(s)/ conservator(s) of the estate of B.F., for the benefit of B.F.**
- (2) **A lump sum payment of \$10,272.66, representing compensation for past unreimbursable expenses, in the form of a check payable to Petitioner, Andrea Fuller.**
- (3) **An amount sufficient to purchase the annuity contract, subject to the conditions described in Section II.C., that will provide payments for the life care items contained in the life care plan, as illustrated by the chart at Tab A attached to the Proffer, paid to the life insurance company from which the annuity will be purchased.**

Proffer at 3-4.

In the absence of a motion for review filed pursuant to RCFC Appendix B, the Clerk of the Court **SHALL ENTER JUDGMENT** herewith.³

IT IS SO ORDERED.

s/Nora Beth Dorsey

Nora Beth Dorsey

Special Master

³ Pursuant to Vaccine Rule 11(a), entry of judgment is expedited by the parties’ joint filing of notice renouncing the right to seek review.

**IN THE UNITED STATES COURT OF FEDERAL CLAIMS
OFFICE OF SPECIAL MASTERS**

ANDREA FULLER, on behalf of her
Minor Child, B.F.,

Petitioner,

v.

SECRETARY OF THE DEPARTMENT OF
HEALTH AND HUMAN SERVICES,

Respondent.

No. 15-1470V
Special Master Dorsey
ECF

RESPONDENT'S PROFFER ON AWARD OF COMPENSATION

On December 4, 2015, Andrea Fuller (“petitioner”), on behalf of her minor child, B.F., filed a petition for compensation under the National Childhood Vaccine Injury Act of 1986, 42 U.S.C. §§ 300aa-1 to -34 (“Vaccine Act” or “Act”), alleging that as a result of receiving a diphtheria-tetanus-acellular-pertussis (“DTaP”) vaccine on March 12, 2014, B.F. suffered from complex febrile seizures and developed epilepsy, and further alleging that a measles mumps rubella (“MMR”) vaccine B.F. received on September 18, 2014 significantly aggravated B.F.’s condition. Amended Petition at 2 (ECF No. 132). On December 17, 2019, Special Master Dorsey issued a Ruling on Entitlement in favor of petitioner. ECF No. 142. Respondent now proffers the following regarding the amount of compensation to be awarded.¹

¹ The parties have no objection to the amount of the proffered award of damages. However, respondent reserves his right, pursuant to 42 U.S.C. § 300aa-12(f), to seek review of the Special Master’s December 17, 2019, Ruling on Entitlement, finding petitioner entitled to an award under the Vaccine Act. This right accrues following the issuance of the damages decision.

I. Items of Compensation

A. Life Care Items

Respondent engaged life care planner M. Virginia Walton, M.S.N., RN, FNP, CNLCP, and petitioner engaged Liz Kattman, M.S. and Helen Woodard, M.A., of ReEntry Rehabilitation Services, Inc., to provide an estimation of B.F.'s future vaccine-injury related needs. For the purposes of this proffer, the term "vaccine related" is as described in the Special Master's December 17, 2019 Ruling on Entitlement. All items of compensation identified in the life care plan are supported by the evidence and are illustrated by the chart entitled Appendix A: Items of Compensation for B.F., attached hereto as Tab A.² Petitioner agrees.

B. Partial Lost Future Earnings

The parties agree that based upon the evidence of record, B.F. is not likely to be fully employed in the future. Therefore, respondent proffers that B.F. should be awarded partial lost future earnings as provided under the Vaccine Act, 42 U.S.C. § 300aa-15(a)(3)(B). Respondent proffers that the appropriate award for B.F.'s partial lost future earnings is \$404,343.37. Petitioner agrees.

C. Pain and Suffering

Respondent proffers that B.F. should be awarded \$215,000.00 in actual pain and suffering. See 42 U.S.C. § 300aa-15(a)(4). Petitioner agrees.

² The chart at Tab A illustrates the annual benefits provided by the life care plan. The annual benefit years run from the date of judgment up to the first anniversary of the date of judgment, and every year thereafter up to the anniversary of the date of judgment.

D. Past Unreimbursable Expenses

Evidence supplied by petitioner documents her expenditure of past unreimbursable expenses related to B.F.'s vaccine-related injury. Respondent proffers that petitioner should be awarded past unreimbursable expenses in the amount of \$10,272.66. Petitioner agrees.

II. Form of the Award

The parties recommend that the compensation provided to B.F. should be made through a combination of lump sum payments and future annuity payments as described below, and request that the Special Master's decision and the Court's judgment award the following:³

A. A lump sum payment of \$678,053.89, representing compensation for life care expenses in the first year after judgment (\$58,710.52), partial lost future earnings (\$404,343.37), and pain and suffering (\$215,000.00), in the form of a check payable to petitioner, as guardian(s)/ conservator(s) of the estate of B.F., for the benefit of B.F. No payments shall be made until petitioner provides respondent with documentation establishing that she has been appointed as the guardian(s)/conservator(s) of B.F.'s estate. If petitioner is not authorized by a court of competent jurisdiction to serve as guardian(s)/conservator(s) of the estate of B.F., any such payment shall be made to the party or parties appointed by a court of competent jurisdiction to serve as guardian(s)/conservator(s) of the estate of B.F. upon submission of written documentation of such appointment to the Secretary.

B. A lump sum payment of \$10,272.66, representing compensation for past unreimbursable expenses, in the form of a check payable to petitioner, Andrea Fuller.

³ Should B.F. die prior to entry of judgment, the parties reserve the right to move the Court for appropriate relief. In particular, respondent would oppose any award for future medical expenses, lost future earnings, and future pain and suffering.

C. An amount sufficient to purchase the annuity contract,⁴ subject to the conditions described below, that will provide payments for the life care items contained in the life care plan, as illustrated by the chart at Tab A attached hereto, paid to the life insurance company⁵ from which the annuity will be purchased.⁶ Compensation for Year Two (beginning on the first anniversary of the date of judgment) and all subsequent years shall be provided through respondent's purchase of an annuity, which annuity shall make payments directly to petitioner only so long as B.F. is alive at the time a particular payment is due. At the Secretary's sole discretion, the periodic payments may be provided to petitioner in monthly, quarterly, annual or other installments. The "annual amounts" set forth in the chart at Tab A describe only the total yearly sum to be paid to petitioner and do not require that the payment be made in one annual installment.

⁴ In respondent's discretion, respondent may purchase one or more annuity contracts from one or more life insurance companies.

⁵ The Life Insurance Company must have a minimum of \$250,000,000 capital and surplus, exclusive of any mandatory security valuation reserve. The Life Insurance Company must have one of the following ratings from two of the following rating organizations:

- a. A. M. Best Company: A++, A+, A+g, A+p, A+r, or A+s;
- b. Moody's Investor Service Claims Paying Rating: Aa3, Aa2, Aa1, or Aaa;
- c. Standard and Poor's Corporation Insurer Claims-Paying Ability Rating: AA-, AA, AA+, or AAA;
- d. Fitch Credit Rating Company, Insurance Company Claims Paying Ability Rating: AA-, AA, AA+, or AAA.

⁶ Petitioner authorizes the disclosure of certain documents filed by the petitioner in this case consistent with the Privacy Act and the routine uses described in the National Vaccine Injury Compensation Program System of Records, No. 09-15-0056.

1. Growth Rate

Respondent proffers that a four percent (4%) growth rate should be applied to all non-medical life care items, and a five percent (5%) growth rate should be applied to all medical life care items. Thus, the benefits illustrated in the chart at Tab A that are to be paid through annuity payments should grow as follows: four percent (4%) compounded annually from the date of judgment for non-medical items, and five percent (5%) compounded annually from the date of judgment for medical items. Petitioner agrees.

2. Life-Contingent Annuity

The petitioner will continue to receive the annuity payments from the Life Insurance Company only so long as B.F. is alive at the time that a particular payment is due. Written notice shall be provided to the Secretary of Health and Human Services and the Life Insurance Company within twenty (20) days of B.F.'s death.

3. Guardianship

No payments shall be made until petitioner provides respondent with documentation establishing that she has been appointed as the guardian(s)/conservator(s) of B.F.'s estate. If petitioner is not authorized by a court of competent jurisdiction to serve as guardian(s)/conservator(s) of the estate of B.F., any such payment shall be made to the party or parties appointed by a court of competent jurisdiction to serve as guardian(s)/conservator(s) of the estate of B.F. upon submission of written documentation of such appointment to the Secretary.

III. Summary of Recommended Payments Following Judgment

- | | | |
|----|--|---------------------|
| A. | Lump Sum paid to the court-appointed guardian(s)/
conservator(s) of the estate of B.F. for the benefit of B.F.: | \$678,053.89 |
| B. | Past unreimbursable expenses payable to petitioner: | \$ 10,272.66 |
| C. | An amount sufficient to purchase the annuity contract described
above in section II. C. | |

Respectfully submitted,

BRIAN M. BOYNTON
Principal Deputy Assistant Attorney General

C. SALVATORE D’ALESSIO
Director
Torts Branch, Civil Division

HEATHER L. PEARLMAN
Deputy Director
Torts Branch, Civil Division

DARRYL R. WISHARD
Assistant Director
Torts Branch, Civil Division

/s/Mary E. Holmes
MARY E. HOLMES
Trial Attorney
Torts Branch, Civil Division
U. S. Department of Justice
P.O. Box 146, Benjamin Franklin Station
Washington, D.C. 20044-0146
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Mary.E.Holmes@usdoj.gov

Dated: January 29, 2024

Appendix A: Items of Compensation for B. F.

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ITEMS OF COMPENSATION	G.R.	*	M	Lump Sum Compensation Year 1	Compensation Year 2	Compensation Year 3	Compensation Year 4	Compensation Year 5	Compensation Year 6	Compensation Year 7	Compensation Year 8
				2024	2025	2026	2027	2028	2029	2030	2031
BlueCross Deductible/ Maximum out of Pocket	5%			2,500.00	2,500.00	500.00	500.00	500.00	500.00	500.00	500.00
ACA Premium	5%		M								
ACA Deductible	5%										
Medicare Part B Deductible	5%										
Medigap	5%		M								
Medicare Part D	5%		M								
Primary Care Physician	5%	*				62.50	62.50	62.50	62.50	62.50	62.50
Neurologist	5%	*				75.00	75.00	75.00	75.00	75.00	75.00
Psychiatry	5%	*				100.00	100.00	100.00	100.00	100.00	100.00
Depakote	5%	*				96.00	96.00	96.00	96.00	96.00	96.00
Diastat	5%	*				159.40	159.40	159.40	159.40	159.40	159.40
Clonazepam	5%	*				8.00	8.00	8.00	8.00	8.00	8.00
Luna OTC	4%			127.00	127.00	127.00	127.00	127.00	127.00	127.00	127.00
Lab Testing Draw Fee	5%	*				14.40	14.40	14.40	14.40	14.40	14.40
Depakote Level	5%	*				24.60	24.60	24.60	24.60	24.60	24.60
CBC w/ Differential	5%	*				13.80	13.80	13.80	13.80	13.80	13.80
CMP	5%	*				86.40	86.40	86.40	86.40	86.40	86.40
EEG Sleep Deprived	5%	*				107.50	107.50	107.50	107.50	107.50	107.50
EEG	5%	*						466.00			
Respite Care	4%		M	19,440.00	19,440.00	19,440.00	19,440.00	19,440.00	19,440.00	19,440.00	
Aide Level Care	4%		M	12,090.00	12,090.00	12,090.00	12,090.00	12,090.00	12,090.00	12,090.00	22,568.00
Assistance for Transportation	4%										360.00
Life Coaching	4%		M				6,600.00	6,600.00	6,600.00	13,200.00	13,200.00
Cognitive Behavioral Therapy	4%	*									
Psychological Counseling	4%	*				900.00	900.00	900.00	900.00	600.00	600.00
Neuropsych Evaluation	4%	*					2,050.00				
Case Management	4%		M	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00
Speech Therapy Evaluations & Speech Therapy	4%	*	M	18,000.00	12,240.00						

Appendix A: Items of Compensation for B. F.

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ITEMS OF COMPENSATION	G.R.	*	M	Lump Sum Compensation Year 1	Compensation Year 2	Compensation Year 3	Compensation Year 4	Compensation Year 5	Compensation Year 6	Compensation Year 7	Compensation Year 8
				2024	2025	2026	2027	2028	2029	2030	2031
Tutoring	4%		M	2,736.00	2,736.00	2,736.00	2,736.00	2,736.00	2,736.00	2,736.00	2,736.00
Voc Rehab Assess	4%								2,160.00		
Heavy Housekeeping	4%		M								
Seizure Monitoring Watch	4%			249.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00
Seizure Monitoring Watch Monitoring	4%			240.00	240.00	240.00	240.00	240.00	240.00	240.00	240.00
Video Monitoring	4%			530.00					530.00		
Cooling Towels/Blankets/Fan	4%			50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00
Pill Box	4%			10.00	3.33	3.33	3.33	3.33	3.33	3.33	3.33
Medical Mileage	4%			146.52	146.52	146.52	146.52	146.52	146.52	146.52	146.52
Partial Lost Future Earnings				404,343.37							
Pain and Suffering				215,000.00							
Past Unreimbursable Expenses				10,272.66							
Annual Totals				688,326.55	52,247.85	39,655.45	48,305.45	46,721.45	48,945.45	52,555.45	43,953.45

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to the court-appointed guardian(s)/ conservators(s) of the estate of B.F., for the benefit of B.F., for partial lost future earnings (\$404,343.37), pain and suffering (\$215,000.00), and Yr 1 life care expenses (\$58,710.52): \$678,053.89.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner, Andrea Fuller, for past un-reimbursable expenses: \$10,272.66.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated in column "G.R." above, compounded annually from the date of judgment.

Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Items denoted with an "M" payable in 12 monthly installments at the discretion of respondent.

Appendix A: Items of Compensation for B. F.

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ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 9	Compensation Year 10	Compensation Year 11	Compensation Year 12	Compensation Year 13	Compensation Year 14	Compensation Year 15	Compensation Year 16
				2032	2033	2034	2035	2036	2037	2038	2039
BlueCross Deductible/ Maximum out of Pocket	5%			500.00	500.00	500.00	500.00	500.00	500.00	500.00	
ACA Premium	5%		M								4,019.64
ACA Deductible	5%										600.00
Medicare Part B Deductible	5%										
Medigap	5%		M								
Medicare Part D	5%		M								
Primary Care Physician	5%	*		62.50	62.50	62.50	62.50	62.50	62.50	62.50	37.50
Neurologist	5%	*		25.00	25.00	25.00	25.00	25.00	25.00	25.00	40.00
Psychiatry	5%	*		100.00	100.00	100.00	100.00	100.00	100.00	100.00	160.00
Depakote	5%	*		96.00	96.00	96.00	96.00	96.00	96.00	96.00	420.00
Diastat	5%	*		159.40	159.40	159.40	159.40	159.40	159.40	159.40	100.00
Clonazepam	5%	*		8.00	8.00	8.00	8.00	8.00	8.00	8.00	10.00
Luna OTC	4%			127.00	127.00	127.00	127.00	127.00	127.00	127.00	127.00
Lab Testing Draw Fee	5%	*		14.40	14.40	14.40	14.40	14.40	14.40	14.40	20.00
Depakote Level	5%	*		24.60	24.60	24.60	24.60	24.60	24.60	24.60	20.00
CBC w/ Differential	5%	*		13.80	13.80	13.80	13.80	13.80	13.80		20.00
CMP	5%	*		86.40	86.40	86.40	86.40	86.40	86.40	86.40	20.00
EEG Sleep Deprived	5%	*		107.50	107.50	107.50	107.50	107.50	107.50		350.00
EEG	5%	*									
Respite Care	4%		M								
Aide Level Care	4%		M	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00
Assistance for Transportation	4%			360.00	360.00	360.00	360.00	360.00	360.00	360.00	360.00
Life Coaching	4%		M	13,200.00	13,200.00	13,200.00	13,200.00	13,200.00	6,600.00	6,600.00	3,300.00
Cognitive Behavioral Therapy	4%	*									
Psychological Counseling	4%	*		600.00	600.00	600.00	600.00	600.00	600.00	600.00	180.00
Neuropsych Evaluation	4%	*									
Case Management	4%		M	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00
Speech Therapy Evaluations & Speech Therapy	4%	*	M								

Appendix A: Items of Compensation for B. F.

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ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 9	Compensation Year 10	Compensation Year 11	Compensation Year 12	Compensation Year 13	Compensation Year 14	Compensation Year 15	Compensation Year 16
				2032	2033	2034	2035	2036	2037	2038	2039
Tutoring	4%		M	2,736.00	2,736.00						
Voc Rehab Assess	4%				432.00	432.00	432.00	432.00	432.00	432.00	432.00
Heavy Housekeeping	4%		M	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00
Seizure Monitoring Watch	4%			83.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00
Seizure Monitoring Watch Monitoring	4%			240.00	240.00	240.00	240.00	240.00	240.00	240.00	240.00
Video Monitoring	4%										
Cooling Towels/Blankets/Fan	4%			50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00
Pill Box	4%			3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33
Medical Mileage	4%			48.84	48.84	48.84	48.84	48.84	48.84	48.84	48.84
Partial Lost Future Earnings											
Pain and Suffering											
Past Unreimbursable Expenses											
Annual Totals				44,885.77	45,317.77	42,581.77	42,581.77	42,581.77	35,981.77	35,860.47	36,881.31

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to the court-appointed guardian(s)/ conservators(s) of the estate of B.F., for the benefit of B.F., for partial lost future earnings (\$404,343.37), pain and suffering (\$215,000.00), and Yr 1 life care expenses (\$58,710.52): \$678,053.89.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner, Andrea Fuller, for past un-reimbursable expenses: \$10,272.66.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated in column "G.R." above, compounded annually from the date of judgment.

Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Items denoted with an "M" payable in 12 monthly installments at the discretion of respondent.

Appendix A: Items of Compensation for B. F.

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ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 17	Compensation Year 18	Compensation Year 19	Compensation Year 20	Compensation Year 21	Compensation Year 22	Compensation Year 23	Compensation Year 24
				2040	2041	2042	2043	2044	2045	2046	2047
BlueCross Deductible/ Maximum out of Pocket	5%										
ACA Premium	5%		M	4,113.84	4,266.96	4,392.48	4,455.36	4,549.56	4,643.76	4,702.68	4,765.44
ACA Deductible	5%			600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
Medicare Part B Deductible	5%										
Medigap	5%		M								
Medicare Part D	5%		M								
Prmimary Care Physician	5%	*		37.50	37.50	37.50	37.50	37.50	37.50	37.50	37.50
Neurologist	5%	*		40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00
Psychiatry	5%	*		160.00	160.00	160.00	160.00	160.00	160.00	160.00	160.00
Depakote	5%	*		420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00
Diastat	5%	*		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Clonazepam	5%	*		10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Luna OTC	4%			127.00	127.00	127.00	127.00	127.00	127.00	127.00	127.00
Lab Testing Draw Fee	5%	*		20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
Depakote Level	5%	*		20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
CBC w/ Differential	5%	*		10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
CMP	5%	*		20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
EEG Sleep Deprived	5%	*		175.00	175.00	175.00	175.00	175.00	175.00	175.00	175.00
EEG	5%	*									
Respite Care	4%		M								
Aide Level Care	4%		M	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00
Assistance for Transportation	4%			360.00	360.00	360.00	360.00	360.00	360.00	360.00	360.00
Life Coaching	4%		M	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00
Cognitive Behavioral Therapy	4%	*									
Psychological Counseling	4%	*		180.00	180.00	180.00	180.00	180.00	180.00	180.00	180.00
Neuropsych Evaluation	4%	*									
Case Management	4%		M	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00
Speech Therapy Evaluations & Speech Therapy	4%	*	M								

Appendix A: Items of Compensation for B. F.

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ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 17	Compensation Year 18	Compensation Year 19	Compensation Year 20	Compensation Year 21	Compensation Year 22	Compensation Year 23	Compensation Year 24
				2040	2041	2042	2043	2044	2045	2046	2047
Tutoring	4%		M								
Voc Rehab Assess	4%			432.00	432.00	432.00	432.00	432.00	432.00	432.00	432.00
Heavy Housekeeping	4%		M	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00
Seizure Monitoring Watch	4%			83.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00
Seizure Monitoring Watch Monitoring	4%			240.00	240.00	240.00	240.00	240.00	240.00	240.00	240.00
Video Monitoring	4%										
Cooling Towels/Blankets/Fan	4%			50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00
Pill Box	4%			3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33
Medical Mileage	4%			48.84	48.84	48.84	48.84	48.84	48.84	48.84	48.84
Partial Lost Future Earnings											
Pain and Suffering											
Past Unreimbursable Expenses											
Annual Totals				36,790.51	36,943.63	37,069.15	37,132.03	37,226.23	37,320.43	37,379.35	37,442.11

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to the court-appointed guardian(s)/ conservators(s) of the estate of B.F., for the benefit of B.F., for partial lost future earnings (\$404,343.37), pain and suffering (\$215,000.00), and Yr 1 life care expenses (\$58,710.52): \$678,053.89.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner, Andrea Fuller, for past un-reimbursable expenses: \$10,272.66.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated in column "G.R." above, compounded annually from the date of judgment.

Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Items denoted with an "M" payable in 12 monthly installments at the discretion of respondent.

Appendix A: Items of Compensation for B. F.

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ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 25	Compensation Year 26	Compensation Year 27	Compensation Year 28	Compensation Year 29	Compensation Year 30	Compensation Year 31	Compensation Year 32
				2048	2049	2050	2051	2052	2053	2054	2055
BlueCross Deductible/ Maximum out of Pocket	5%										
ACA Premium	5%		M	4,796.88	4,828.20	4,859.64	4,891.08	4,953.84	5,016.72	5,110.92	5,201.16
ACA Deductible	5%			600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
Medicare Part B Deductible	5%										
Medigap	5%		M								
Medicare Part D	5%		M								
Primary Care Physician	5%	*		37.50	37.50	37.50	37.50	37.50	37.50	37.50	37.50
Neurologist	5%	*		40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00
Psychiatry	5%	*		160.00	160.00	160.00	160.00	160.00	160.00	160.00	160.00
Depakote	5%	*		420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00
Diastat	5%	*		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Clonazepam	5%	*		10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Luna OTC	4%			127.00	127.00	127.00	127.00	127.00	127.00	127.00	127.00
Lab Testing Draw Fee	5%	*		20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
Depakote Level	5%	*		20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
CBC w/ Differential	5%	*		10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
CMP	5%	*		20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
EEG Sleep Deprived	5%	*		175.00	175.00	175.00	175.00	175.00	175.00	175.00	175.00
EEG	5%	*									
Respite Care	4%		M								
Aide Level Care	4%		M	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00
Assistance for Transportation	4%			360.00	360.00	360.00	360.00	360.00	360.00	360.00	360.00
Life Coaching	4%		M	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00
Cognitive Behavioral Therapy	4%	*									
Psychological Counseling	4%	*		180.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00
Neuropsych Evaluation	4%	*									
Case Management	4%		M	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00
Speech Therapy Evaluations & Speech Therapy	4%	*	M								

Appendix A: Items of Compensation for B. F.

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ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 25	Compensation Year 26	Compensation Year 27	Compensation Year 28	Compensation Year 29	Compensation Year 30	Compensation Year 31	Compensation Year 32
				2048	2049	2050	2051	2052	2053	2054	2055
Tutoring	4%		M								
Voc Rehab Assess	4%			432.00	432.00	432.00	432.00	432.00	432.00	432.00	432.00
Heavy Housekeeping	4%		M	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00
Seizure Monitoring Watch	4%			83.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00
Seizure Monitoring Watch Monitoring	4%			240.00	240.00	240.00	240.00	240.00	240.00	240.00	240.00
Video Monitoring	4%										
Cooling Towels/Blankets/Fan	4%			50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00
Pill Box	4%			3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33
Medical Mileage	4%			48.84	48.84	48.84	48.84	48.84	48.84	48.84	48.84
Partial Lost Future Earnings											
Pain and Suffering											
Past Unreimbursable Expenses											
Annual Totals				37,473.55	37,399.87	37,431.31	37,462.75	37,525.51	37,588.39	37,682.59	37,772.83

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to the court-appointed guardian(s)/ conservators(s) of the estate of B.F., for the benefit of B.F., for partial lost future earnings (\$404,343.37), pain and suffering (\$215,000.00), and Yr 1 life care expenses (\$58,710.52): \$678,053.89.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner, Andrea Fuller, for past un-reimbursable expenses: \$10,272.66.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated in column "G.R." above, compounded annually from the date of judgment.

Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Items denoted with an "M" payable in 12 monthly installments at the discretion of respondent.

Appendix A: Items of Compensation for B. F.

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ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 33	Compensation Year 34	Compensation Year 35	Compensation Year 36	Compensation Year 37	Compensation Year 38	Compensation Year 39	Compensation Year 40
				2056	2057	2058	2059	2060	2061	2062	2063
BlueCross Deductible/ Maximum out of Pocket	5%										
ACA Premium	5%		M	5,326.80	5,483.76	5,668.32	5,888.16	6,135.36	6,418.08	6,696.72	7,010.76
ACA Deductible	5%			600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
Medicare Part B Deductible	5%										
Medigap	5%		M								
Medicare Part D	5%		M								
Primary Care Physician	5%	*		37.50	37.50	37.50	37.50	37.50	37.50	37.50	37.50
Neurologist	5%	*		40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00
Psychiatry	5%	*		160.00	160.00	160.00	160.00	160.00	160.00	160.00	160.00
Depakote	5%	*		420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00
Diastat	5%	*		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Clonazepam	5%	*		10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Luna OTC	4%			127.00	127.00	127.00	127.00	127.00	127.00	127.00	127.00
Lab Testing Draw Fee	5%	*		20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
Depakote Level	5%	*		20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
CBC w/ Differential	5%	*		10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
CMP	5%	*		20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
EEG Sleep Deprived	5%	*		175.00	175.00	175.00	175.00	175.00	175.00	175.00	175.00
EEG	5%	*									
Respite Care	4%		M								
Aide Level Care	4%		M	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00
Assistance for Transportation	4%			360.00	360.00	360.00	360.00	360.00	360.00	360.00	360.00
Life Coaching	4%		M	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00
Cognitive Behavioral Therapy	4%	*									
Psychological Counseling	4%	*		75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00
Neuropsych Evaluation	4%	*									
Case Management	4%		M	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00
Speech Therapy Evaluations & Speech Therapy	4%	*	M								

Appendix A: Items of Compensation for B. F.

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ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 33	Compensation Year 34	Compensation Year 35	Compensation Year 36	Compensation Year 37	Compensation Year 38	Compensation Year 39	Compensation Year 40
				2056	2057	2058	2059	2060	2061	2062	2063
Tutoring	4%		M								
Voc Rehab Assess	4%			432.00	432.00	432.00	432.00	432.00	432.00	432.00	432.00
Heavy Housekeeping	4%		M	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00
Seizure Monitoring Watch	4%			83.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00
Seizure Monitoring Watch Monitoring	4%			240.00	240.00	240.00	240.00	240.00	240.00	240.00	240.00
Video Monitoring	4%										
Cooling Towels/Blankets/Fan	4%			50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00
Pill Box	4%			3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33
Medical Mileage	4%			48.84	48.84	48.84	48.84	48.84	48.84	48.84	48.84
Partial Lost Future Earnings											
Pain and Suffering											
Past Unreimbursable Expenses											
Annual Totals				37,898.47	38,055.43	38,239.99	38,459.83	38,707.03	38,989.75	39,268.39	39,582.43

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to the court-appointed guardian(s)/ conservators(s) of the estate of B.F., for the benefit of B.F., for partial lost future earnings (\$404,343.37), pain and suffering (\$215,000.00), and Yr 1 life care expenses (\$58,710.52): \$678,053.89.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner, Andrea Fuller, for past un-reimbursable expenses: \$10,272.66.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated in column "G.R." above, compounded annually from the date of judgment.

Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Items denoted with an "M" payable in 12 monthly installments at the discretion of respondent.

Appendix A: Items of Compensation for B. F.

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ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 41	Compensation Year 42	Compensation Year 43	Compensation Year 44	Compensation Year 45	Compensation Year 46	Compensation Year 47	Compensation Year 48
				2064	2065	2066	2067	2068	2069	2070	2071
BlueCross Deductible/ Maximum out of Pocket	5%										
ACA Premium	5%		M	7,320.84	7,662.36	8,007.84	8,380.80	8,753.64	9,158.04	9,566.28	10,002.00
ACA Deductible	5%			600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
Medicare Part B Deductible	5%										
Medigap	5%		M								
Medicare Part D	5%		M								
Prmimary Care Physician	5%	*		37.50	37.50	37.50	37.50	37.50	37.50	37.50	37.50
Neurologist	5%	*		40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00
Psychiatry	5%	*		160.00	160.00	160.00	160.00	160.00	160.00	160.00	160.00
Depakote	5%	*		420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00
Diastat	5%	*		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Clonazepam	5%	*		10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Luna OTC	4%			127.00	127.00	127.00	127.00	127.00	127.00	127.00	127.00
Lab Testing Draw Fee	5%	*		20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
Depakote Level	5%	*		20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
CBC w/ Differential	5%	*		10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
CMP	5%	*		20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
EEG Sleep Deprived	5%	*		175.00	175.00	175.00	175.00	175.00	175.00	175.00	175.00
EEG	5%	*									
Respite Care	4%		M								
Aide Level Care	4%		M	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00
Assistance for Transportation	4%			360.00	360.00	360.00	360.00	360.00	360.00	360.00	360.00
Life Coaching	4%		M	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00
Cognitive Behavioral Therapy	4%	*									
Psychological Counseling	4%	*		75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00
Neuropsych Evaluation	4%	*									
Case Management	4%		M	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00
Speech Therapy Evaluations & Speech Therapy	4%	*	M								

Appendix A: Items of Compensation for B. F.

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ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 41	Compensation Year 42	Compensation Year 43	Compensation Year 44	Compensation Year 45	Compensation Year 46	Compensation Year 47	Compensation Year 48
				2064	2065	2066	2067	2068	2069	2070	2071
Tutoring	4%		M								
Voc Rehab Assess	4%			432.00	432.00	432.00	432.00	432.00	432.00	432.00	432.00
Heavy Housekeeping	4%		M	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00
Seizure Monitoring Watch	4%			83.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00
Seizure Monitoring Watch Monitoring	4%			240.00	240.00	240.00	240.00	240.00	240.00	240.00	240.00
Video Monitoring	4%										
Cooling Towels/Blankets/Fan	4%			50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00
Pill Box	4%			3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33
Medical Mileage	4%			48.84	48.84	48.84	48.84	48.84	48.84	48.84	48.84
Partial Lost Future Earnings											
Pain and Suffering											
Past Unreimbursable Expenses											
Annual Totals				39,892.51	40,234.03	40,579.51	40,952.47	41,325.31	41,729.71	42,137.95	42,573.67

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to the court-appointed guardian(s)/ conservators(s) of the estate of B.F., for the benefit of B.F., for partial lost future earnings (\$404,343.37), pain and suffering (\$215,000.00), and Yr 1 life care expenses (\$58,710.52): \$678,053.89.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner, Andrea Fuller, for past un-reimbursable expenses: \$10,272.66.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated in column "G.R." above, compounded annually from the date of judgment.

Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Items denoted with an "M" payable in 12 monthly installments at the discretion of respondent.

Appendix A: Items of Compensation for B. F.

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ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 49	Compensation Year 50	Compensation Year 51	Compensation Year 52	Compensation Year 53	Compensation Year 54	Compensation Years 55-56	Compensation Years 57-Life
				2072	2073	2074	2075	2076	2077	2078-2079	2080-Life
BlueCross Deductible/ Maximum out of Pocket	5%										
ACA Premium	5%		M	10,217.88	10,653.60	11,030.40	11,277.72	11,587.80	11,775.96		
ACA Deductible	5%			600.00	600.00	600.00	600.00	600.00	600.00		
Medicare Part B Deductible	5%									240.00	240.00
Medigap	5%		M							2,412.00	2,412.00
Medicare Part D	5%		M							1,715.16	1,715.16
Primary Care Physician	5%	*		37.50	37.50	37.50	37.50	37.50	37.50		
Neurologist	5%	*		40.00	40.00	40.00	40.00	40.00	40.00		
Psychiatry	5%	*		160.00	160.00	160.00	160.00	160.00	160.00		
Depakote	5%	*		420.00	420.00	420.00	420.00	420.00	420.00		
Diastat	5%	*		100.00	100.00	100.00	100.00	100.00	100.00		
Clonazepam	5%	*		10.00	10.00	10.00	10.00	10.00	10.00		
Luna OTC	4%			127.00	127.00	127.00	127.00	127.00	127.00	127.00	127.00
Lab Testing Draw Fee	5%	*		20.00	20.00	20.00	20.00	20.00	20.00		
Depakote Level	5%	*		20.00	20.00	20.00	20.00	20.00	20.00		
CBC w/ Differential	5%	*		10.00	10.00	10.00	10.00	10.00	10.00		
CMP	5%	*		20.00	20.00	20.00	20.00	20.00	20.00		
EEG Sleep Deprived	5%	*		175.00	175.00	175.00	175.00	175.00	175.00		
EEG	5%	*									
Respite Care	4%		M								
Aide Level Care	4%		M	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00	22,568.00
Assistance for Transportation	4%			360.00	360.00	360.00	360.00	360.00	360.00	360.00	360.00
Life Coaching	4%		M	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00	3,300.00
Cognitive Behavioral Therapy	4%	*									
Psychological Counseling	4%	*		75.00	75.00	75.00	75.00	75.00	75.00		
Neuropsych Evaluation	4%	*									
Case Management	4%		M	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00	2,592.00
Speech Therapy Evaluations & Speech Therapy	4%	*	M								

Appendix A: Items of Compensation for B. F.

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ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 49	Compensation Year 50	Compensation Year 51	Compensation Year 52	Compensation Year 53	Compensation Year 54	Compensation Years 55-56	Compensation Years 57-Life
				2072	2073	2074	2075	2076	2077	2078-2079	2080-Life
Tutoring	4%		M								
Voc Rehab Assess	4%			432.00	432.00	432.00	432.00	432.00	432.00	432.00	
Heavy Housekeeping	4%		M	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00	1,080.00
Seizure Monitoring Watch	4%			83.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00
Seizure Monitoring Watch Monitoring	4%			240.00	240.00	240.00	240.00	240.00	240.00	240.00	240.00
Video Monitoring	4%										
Cooling Towels/Blankets/Fan	4%			50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00
Pill Box	4%			3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33
Medical Mileage	4%			48.84	48.84	48.84	48.84	48.84	48.84	48.84	48.84
Partial Lost Future Earnings											
Pain and Suffering											
Past Unreimbursable Expenses											
Annual Totals				42,789.55	43,225.27	43,602.07	43,849.39	44,159.47	44,347.63	35,251.33	34,819.33

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to the court-appointed guardian(s)/ conservators(s) of the estate of B.F., for the benefit of B.F., for partial lost future earnings (\$404,343.37), pain and suffering (\$215,000.00), and Yr 1 life care expenses (\$58,710.52): \$678,053.89.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner, Andrea Fuller, for past un-reimbursable expenses: \$10,272.66.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated in column "G.R." above, compounded annually from the date of judgment.

Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Items denoted with an "M" payable in 12 monthly installments at the discretion of respondent.